

Exhibit 5

20032:001268

AUG 09 2000

TRANSFER OF RESPONSIBILITY FORM (Part 1)BANK OF AMERICA NA
CREDIT/NEW ACCTS
1000-0000-0000**TO BE COMPLETED BY PERSON TAKING PAYMENT RESPONSIBILITY**Responsibility and Account Usage

I, Van Lupo request that my name & responsibility be removed from this account relieving them of payment responsibility and further use of this account. I agree to assume full responsibility for all current and future balances on this account. If the Bank denies this request, the account will be cancelled and I understand that all parties to my account will remain jointly and individually responsible for any unpaid balance.

Overdraft Protection (For Bank of America Checking Accounts Only)

- ☐ I do not currently have this service.
☐ Please continue this service. There is no change to my checking account number.
☐ Please transfer this service to my new checking account.

Checking Account Number _____

☐ Please enclose a voided deposit slip

This change will interrupt service for 3 to 5 business days from the date the request is processed.

- ☐
- Please cancel this service.

Automatic Payment Service

- ☐ I do not currently have this service.
☐ Please continue this service. There is no change to my checking account number.
☐ Please transfer this service to my new checking account.

Checking Account Number _____

☐ Please enclose a voided deposit slipCheck One ☐ Minimum Payment ☐ Payment in Full

- ☐
- Please cancel this service.

Personal InformationStreet 1181 Pacific Cove LnCity HB State Ca Zip 92648Home Phone 714 536-8768 Work Phone() _____Employer's Name N/AEmployer's Address N/AOccupation N/A How Long _____ Monthly Income \$ _____Other Income \$ 500 Source consulting Monthly Amount \$ 500Signature Sheryl LupoDate 8-7-00

I authorize the Bank to verify my information and to obtain additional information from me, credit bureaus, and other third parties in order to make its credit decision. I also agree that the Bank may lower the credit line on my account based on my current financial and credit information.

ASSUMPTION OF RESPONSIBILITY FORM (Part 2)**TO BE COMPLETED BY PERSON REQUESTING TO BE REMOVED FROM ACCOUNT**

I, Van A Lupo (Name) request that my name be removed from this account. I understand that my request is subject to the assumption of payment responsibility by _____ and the Bank's approval of such assumption. If the request to assume liability is denied, all parties will remain jointly and severally liable for any remaining account balance. If the request to assume liability is denied, the account will be cancelled and I will be responsible for the remaining balances and for new charges made by me. I will not be responsible for any new transactions made by any other person(s) listed on this account. I understand that if my name is removed, the credit history established for this account may be deleted from my credit file. I understand further that I may apply for a new account in my name only, subject to the Bank's approval.

Account Number(s)Acct closed**Overdraft Protection**

I understand that if my request is approved, I will not be able to access my existing Instant Cash Overdraft Protection associated with this account.

Personal Information:Address 1181 Pacific Cove LnCity Hunt BchState CaZip 92648Home Phone (714) 536-8768Work Phone (949) 790-2084**To Be Completed By All Parties**

By signing below, we understand and agree that each of us will be liable on this account until the Bank approves the changes requested on this form. However, the party requesting to be removed from the account will not be responsible for new charges made by the other party after the Bank approval of the request for removal. We have destroyed all outstanding cards for this account except those issued in the name of the cardmember assuming primary payment responsibility.

Party Keeping Account

Social Security

Date

acct closed

Party Keeping Account

Social Security

Date

Party Not Keeping Account

Social Security

Date

() If other liable parties cannot be located for signature, please indicate by checking here. If approved, your outstanding balance will be transferred to the new account. In order to ensure that charges do not continue to post to the old account all cards must be destroyed.